

## ACTIVITIES OF DAILY LIVING (ADLs)

HS31INT. Now I'll ask about some other everyday activities. I'd like to know whether (you have/SP has) any difficulty doing each one by (yourself/himself/herself) and without special equipment. [PRESS ENTER TO CONTINUE.]

HS31. Because of a health or physical problem, (do you/does SP) have any difficulty...	bathing or showering?	(1)	(2) dressing?	(3) eating?	(4) getting in or out of bed or chairs?	(5) walking?
Yes	.....1 (NEXT ACTIV.)	Yes .....1 (NEXT ACTIV.)	Yes .....1 (NEXT ACTIV.)	Yes .....1 (NEXT ACTIV.)	Yes .....1 (NEXT ACTIV.)	(6) using the toilet?
No	.....2 (HS31a)	No .....2 (HS31a)	No .....2 (HS31a)	No .....2 (HS31a)	No .....2 (HS31a)	
DOESNT		DOESNT	DOESNT	DOESNT	DOESNT	
DO	.....3 (HS31a)	DO	DO	DO	DO	
HS31a. Is this because of a health or physical problem?	[1] (NEXT ACTIV.)	[1] (NEXT ACTIV.)	[1] (NEXT ACTIV.)	[1] (NEXT ACTIV.)	[1] (NEXT ACTIV.)	
	[2]	[2]	[2]	[2]	[2]	
DONTBATH		HPPDBATH	HPPDRES	HPPDEAT	HPPDCHAR	HPPDWALK
HS32. [You said (your/SP's) health makes (ADL) difficult.] [You said that (ADL) is something (you don't/SP doesn't) do.] [Do you/Does SP receive help from another person with (ADL)?]	1 (HS34)	1 (HS34)	1 (HS34)	1 (HS34)	1 (HS34)	1 (HS34)
	2 (HS33)	2 (HS33)	2 (HS33)	2 (HS33)	2 (HS33)	2 (HS33)
HELPBATH		HELPDRES	HELPAT	HELPCHAR	HELPWALK	HELPTOIL
HS33. Does someone usually stay nearby just in case [you need/SP needs] help	Yes .....1	Yes .....1	Yes .....1	Yes .....1	Yes .....1	Yes .....1
	No .....2	No .....2	No .....2	No .....2	No .....2	No .....2
	PCHKBATH	PCHKDRES	PCHKEAT	PCHKCHAR	PCHKWALK	PCHKTOIL

## ACTIVITIES OF DAILY LIVING (ADLs) (continued)

<b>HS34.</b> (Do you/Does SP) use special equipment or aids to help (you/him/ her) with (ADL)?	(1) bathing or showering? Yes ..... 1 No ..... 2	(2) dressing? Yes ..... 1 No ..... 2	(3) eating? Yes ..... 1 No ..... 2	(4) getting in or out of bed or chairs? Yes ..... 1 No ..... 2	(5) walking? Yes ..... 1 No ..... 2	(6) using the toilet? Yes ..... 1 No ..... 2

IF YES IN ANY ADL QUESTION HS32, ASK HS34a. IF YES IN ANY ADL QUESTION HS33, GO TO HS35. OTHERWISE, GO TO HS36a.

**HS34a.** How long (have you/has SP) needed help with (ADL)? Has it been...

- |   |           |
|---|-----------|
| less than 3 months, .....                         | 1 (HS34b) |
| more than 3 months but less than 1 year, or ..... | 2 (HS35)  |
| more than 1 year? .....                           | 3 (HS35)  |
| REFUSED .....                                     | -7 (HS35) |
| DONT KNOW .....                                   | -8 (HS35) |

**LONGBATH**            **LONGDRES**            **LONGEAT**            **LONGCHAR**            **LONGWALK**            **LONGTOIL**

**HS34b.** Do you expect that (you/SP) will still need help with (ADL) three months from now?

- |                 |    |
|-----------------|----|
| YES .....       | 1  |
| NO .....        | 2  |
| REFUSED .....   | -7 |
| DONT KNOW ..... | -8 |

**STILBATH**            **STILDRES**            **STILEAT**            **STILCHAR**            **STILWALK**            **STILTOIL**

**HS35.** You mentioned that [(you receive/SP receives) help/someone stays nearby in case (you need/SP needs) help] with (name all ADL's with Yes in HS31.) Who [gives that help/stays nearby in case (you need/SP needs) help]? [ENTER ALL HELPERS.]

**HLPRROST**            **HLPRBATH**            **HLPRDRES**            **HLPREAT**            **HLPRWALK**            **HLPTOIL**

IF MORE THAN ONE HELPER NAMED IN HS35, GO TO HS36. OTHERWISE, GO TO HS36a.

HS36. Which of these persons gives (you/SP) the most help with these things? [SELECT ONLY ONE.]

<b>MOSTADLS</b>	<b>HLPRMOST</b>
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HS36a. (Do you/Does SP) experience memory loss such that it interferes with daily activities?

<b>MEMLOSS</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

HS36b. (Do you/Does SP) have problems making decisions to the point that it interferes with daily activities?

<b>PROBDECS</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

HS36c. (Do you/Does SP) have trouble concentrating or keeping (your/his/her) mind on what (you are/he is/she is) doing?

<b>TROBCONC</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

HS37. I'd like to ask about a health problem that is more common than people think. Please look at this card and tell me how often, if at all, (you/SP) lost urine beyond (your/his/her) control [during the past 12 months/since (PREV. SUPP. RD. INT. DATE)].

<b>SHOW CARD HS2</b>	<b>LOSTURIN</b>	MORE THAN ONCE A WEEK .....	1
		ABOUT ONCE A WEEK .....	2
		2-3 TIMES A MONTH .....	3
		ABOUT ONCE A MONTH .....	4
		EVERY 2-3 MONTHS .....	5
		ONCE OR TWICE A YEAR .....	6
		NOT AT ALL .....	7
		SP IS ON DIALYSIS OR CATHETERIZATION...	8
		REFUSED .....	-7
		DON'T KNOW .....	-8

<b>BOX HS4</b>	GO TO <b>BOX SC1A.</b>
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